

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-87S)							SERIAL NO.	FILING DATE					
							10/500,610						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5	1						55						
6	1						56						
7	1						57						
8	1						58						
9	1						59						
10	1						60						
11	1	2					61						
12	2						62						
13	2						63						
14	2						64						
15	2						65						
16	①						66						
17	1						67						
18	1						68						
19	1						69						
20	1						70						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7	↔	↔	↔	↔	↔	TOTAL IND.	↔	↔	↔	↔	↔	
TOTAL DEP.	18	↔	↔	↔	↔	↔	TOTAL DEP.	↔	↔	↔	↔	↔	
TOTAL CLAIMS	25	████████	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████	████████	████████	████████	